

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS129AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2008
NAME OF PROVIDER OR SUPPLIER LAS VEGAS ALZ & MEM CARE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3225 BRAZOS STREET LAS VEGAS, NV 89109		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 10/23/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 Category 2 beds.</p> <p>The facility had an endorsement to provide care to persons with Alzheimer's disease.</p> <p>The census at the time of the survey was 7. Seven resident records were reviewed. One closed record was reviewed. Four employee files were reviewed.</p> <p>Complaint #NV19475 was substantiated without deficiencies. Complaint #NV17618 was unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2,</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	<p>Continued From page 1</p> <p>a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of</p>	Y 103			

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Y 103	<p>Continued From page 2</p> <p>good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of</p>	Y 103			

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Y 103	<p>Continued From page 3</p> <p>employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review and interview, the facility failed to ensure the required annual tuberculosis (TB) screenings were conducted for 1 of 4 employees.</p> <p>Findings include:</p> <p>Record review</p> <p>The file for Employee #1, hired on 9/1/94 as the Administrator, contained a negative chest x-ray result, dated 10/11/07. The file lacked documented evidence of an annual TB screening for 2008.</p> <p>Interview</p> <p>Employee #1 explained she was allergic to the TB skin test. Further discussion revealed Employee #1 was unaware of the signs and symptoms screening checklist available.</p> <p>Scope: 1 Severity: 2</p>	Y 103		
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2,</p>	Y 105		

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Y 105	<p>Continued From page 4</p> <p>a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure background criminal checks were completed for 2 of 4 employees (#3, #4).</p> <p>Findings include:</p> <p>Record review</p> <p>Employee #3</p> <p>The file for Employee #3, hired on 6/5/08 as a caregiver, lacked results of a criminal background check.</p> <p>Employee #4</p> <p>The file for Employee #4, hired on 12/15/07 as a caregiver, lacked results of a criminal background check.</p> <p>Interview</p> <p>The Administrator stated, "I mailed them - they are backlogged and I haven't received the results yet." The Administrator was unable to provide receipts (or other proof) of having mailed the fingerprints for processing.</p> <p>Scope: 3 Severity: 2</p>	Y 105			
Y 175 SS=F	<p>449.209(4)(b) Health and Sanitation-Hazards</p> <p>NAC 449.209</p>	Y 175			

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Y 175	Continued From page 5 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview, the administrator failed to maintain the facility premises free of hazards. Findings include: Observations There was a pile of scrap wood with nails protruding in an upward direction in the northwest corner of the backyard. Interview According to the Administrator and Employee #2, these materials were from the enclosure which had been surrounding the washer and dryer on the north side of the house. Scope: 3 Severity: 2	Y 175			
Y 223 SS=F	449.213(3) Laundry-Linen - Equipment, Venting NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the	Y 223			

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Y 223	Continued From page 6 equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to maintain the washer and dryer in an enclosed area. Observation On 10/23/08 in the morning, the washer and dryer were outside in the back yard on the north side of the house. The washer and dryer were not in a room or an enclosure. Interview Employee #2 and the administrator explained there had been an enclosure of sorts but the neighbor had complained so they removed it. Scope: 2 Severity: 3	Y 223		
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less.	Y 251		

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Y 251	Continued From page 7 This Regulation is not met as evidenced by: Based on observation, the facility failed to maintain the temperature of the refrigerator at 40 degrees Fahrenheit or less. Findings include: On 10/23/08 at 9:45 AM, the thermometer inside the refrigerator read 44 degrees Fahrenheit. At 2:15 PM, the temperature read 44 degrees Fahrenheit. Scope: 3 Severity: 2	Y 251		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to have an agreement to administer medications signed for 2 of 7 residents (#1, #2). Findings include: Record review Resident #1	Y 876		

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Y 876	Continued From page 8 Resident #1 was an 81 year-old male, admitted on 6/9/08, with diagnoses including dementia, hypertension, bradycardia and vertigo. The Resident had a Public Guardian overseeing his wellbeing. The Medication Management Agreement for Resident #1 lacked the Public Guardian's signature giving permission for the facility to manage and administer the Resident's medications. Resident #2 was a 77 year-old male, admitted on 5/12/06, with diagnoses including hypertension, Parkinson's, atrial fibrillation and a history of stroke. The Resident had a Public Guardian overseeing his wellbeing. The Medication Management Agreement for Resident #2 lacked the Public Guardian's signature giving permission for the facility to manage and administer the Resident's medications. Interview Employee #2 explained, "Both residents have the same Public Guardians and she hadn't come by to sign any of the forms yet." Scope: 2 Severity: 1	Y 876		
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a	Y 878		

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Y 878	<p>Continued From page 9</p> <p>physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medications were administered as prescribed by a physician for 4 of 7 residents.</p> <p>Findings include:</p> <p>Observation/Record Review/Interview</p> <p>Resident # 1</p> <p>Resident #1 was an 81 year-old male, admitted on 6/9/08, with diagnoses including dementia, hypertension, bradycardia and vertigo.</p> <p>There was a bottle of Temazepam 15 milligrams (mg) with a label reading "One cap prn (as needed) at hs (bedtime)."</p> <p>An order in Resident #1's record indicated the Resident was to receive the medication as needed for sleep.</p> <p>The medication administration record (MAR) indicated Resident #1 was receiving the medication every night regularly.</p>	Y 878		

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Y 878	<p>Continued From page 10</p> <p>Employee #2 explained, "He gets it every night - it works... makes him sleep."</p> <p>Resident #2</p> <p>Resident #2 was a 77 year-old male, admitted on 5/12/06, with diagnoses including hypertension, Parkinson's, atrial fibrillation and a history of stroke. There was a bottle of Folic Acid 1 mg in Resident #2's medication bin.</p> <p>There was no order in the record for Folic Acid. Folic Acid was on the medication review dated 9/18/07. Folic Acid was not listed on the most recent medication review. The MAR indicated Resident #2 was receiving Folic Acid one tablet by mouth every day.</p> <p>Resident #3</p> <p>Resident #3 was a 70 year-old male, admitted on 10/9/08, with diagnoses including congestive heart failure, hypertension, chronic obstructive pulmonary disease and cognitive deficits. Note: Resident #3 went to the hospital on 10/22/08, was diagnosed with pneumonia and returned home the same day.</p> <p>There was an order in Resident #3's record for Cyanocobalamin 500 micrograms (mcg) by mouth every day and Colace 100 mg by mouth twice a day. These two medications were available. These two medications were not listed on the MAR and were not being given to the Resident.</p> <p>Resident #7</p> <p>Resident #7 was an 82 year-old female, admitted</p>	Y 878			

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Y 878	Continued From page 11 on 8/22/07 with diagnoses including end-stage Alzheimer's dementia and congestive heart failure. There was a bottle of Lorazepam with a label reading, "Lorazepam 0.5 mg 1 by mouth as needed for sleep." Resident #7's record contained a physician's order, dated 9/16/08, reading, "Lorazepam 0.5 mg one by mouth as needed for sleep." The MAR indicated Resident #7 was receiving the medication every night. Employee #2 explained, "She gets it every night at bedtime - it works ...she sleeps." Scope: 2 Severity: 2	Y 878			
Y 921 SS=D	449.2748(2) Medication Storage NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure refrigerated medications were secured and inaccessible to residents Findings include: On 10/23/08 in the morning, an unlabeled bottle of Pepto Bismol was in the door of the refrigerator. The refrigerator did not have a lock.	Y 921			

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Y 921	Continued From page 12	Y 921		
Y 991 SS=F	<p>Scope: 2 Severity: 1</p> <p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure operational alarms on exit doors were activated.</p> <p>Findings include:</p> <p>Observation</p> <p>On 10/23/08 in the morning, the caregiver answered and opened the front door to the facility. The alarm was silent.</p> <p>On 10/23/08 in the morning, the alarm on the door exiting from one of the bedrooms to the back yard failed to sound.</p> <p>Interview</p> <p>When asked about the alarms not being activated, Employee #2 explained, "They are loud and the neighbor complains about them."</p>	Y 991		

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Y 991	Continued From page 13 Scope: 2 Severity: 3	Y 991			
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation, the administrator failed to ensure knives and other sharp objects were inaccessible to the residents. Findings include: On 10/23/08 in the morning, a drawer not fitted with a lock in the kitchen contained butter knives and forks. Scope: 3 Severity: 2	Y 994			
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.	Y 999			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS129AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/23/2008
NAME OF PROVIDER OR SUPPLIER LAS VEGAS ALZ & MEM CARE 2			STREET ADDRESS, CITY, STATE, ZIP CODE 3225 BRAZOS STREET LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 999	<p>Continued From page 14</p> <p>This Regulation is not met as evidenced by: Based on observation, the administrator failed to ensure toxic substances were inaccessible to the residents.</p> <p>Findings include:</p> <p>On 10/23/08 in the morning, there was a bottle of shampoo and a bottle of conditioner on an open shelf in one of the bathroom shower stalls.</p> <p>Scope: 3 Severity: 2</p>	Y 999			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.